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<b>SERIAL NUMBER</b> 10/669,641	<b>FILING OR 371(c) DATE</b> 09/25/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1636	<b>ATTORNEY DOCKET NO.</b> 035879-0165
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

dc/w This appln claims benefit of 60/413,450 09/26/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

01/21/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> SC	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 51	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials <u>CD</u>				

## ADDRESS

22428

## TITLE

AAV ITR-mediated modulation

<b>FILING FEE RECEIVED</b> 1630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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